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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	Application Number	10/764,970			
	Filing Date	1/26/2004			
	First Named Inventor	John Robert Goepfert			
	Art Unit	3641			
	Examiner Name	Troy Chambers			
	Attorney Docket Number	1453			

	nmissioner fo Box 1450 andria, VA 22						
Pleas	se withdraw me	as attorney or agent for the above	e identified	patent :	application, and		
•	all the attorney	rs/agents of record.					
	the attorneys/a	gents (with registration numbers)	) listed on th	e attacl	hed paper(s), or		
	the attorneys/a	agents associated with Customer	Number				
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		CORRESPON	NDENCE	ADD	RESS		
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OR Fi	irm <i>or</i>	ated with Customer Number:		С	derice to.		
OR Fi	irm <i>or</i>	John Robert Goepfert	State	WI		Zip	53548
OR Fin	irm <i>or</i>	John Robert Goepfert  1621 North Washington Street				Zip	53548
OR Fin Address City	irm <i>or</i> dividual Name	John Robert Goepfert  1621 North Washington Street  Janesville			Email	Zip	53548
OR  Fin  Address  City  Country	irm <i>or</i> dividual Name	John Robert Goepfert  1621 North Washington Street  Janesville				Zip	53548
OR Fin Address City Country Telephone	irm <i>or</i> dividual Name	John Robert Goepfert  1621 North Washington Street  Janesville United States					

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